



FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT complete this form**. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Arizona (AZ)	Maine (ME)	Nebraska (NE)	South Dakota (SD)
Arkansas (AR)	Maryland (MD)	New Mexico (NM)	Texas RN (TX-RN)
Delaware (DE)	Massachusetts (MA)	North Carolina (NC)	Texas VN (TX-VN)
Idaho (ID)	Minnesota (MN)	North Dakota (ND)	Utah (UT)
Iowa (IA)	Missouri (MO)	Ohio (OH)	Vermont (VT)
Indiana (IN)	Montana (MT)	Oregon (OR)	Wisconsin (WI)

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the **National Council**. **DO NOT SEND** cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**
5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys in the order in which they are received at the National Council. **The verification report will remain in Nursys for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys to verify any licenses held in the states listed in number 2 above. No paper reports are sent from the National Council.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the National Council.
8. Nursys information is updated monthly from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in Nursys for license verification.
9. If you have questions regarding this form, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

*** **NEW** *** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>



LICENSE VERIFICATION REQUEST FORM

***** NEW ***** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>

Please use blue or black ink.

See reverse side for form eligibility and instructions.



PERSONAL INFORMATION

Social Security Number:		Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:	
Maiden Name:	Date of Original License (mm/yyyy)		
Street Address:			
City:	State:	Zip/Postal Code:	
Country:	Home Phone:	Work Phone:	

ENDORSEMENT INFORMATION *List the license types that you need verified*

License Type (check one)	Total Verification Fee
LPN: <input type="checkbox"/>	\$30.00
RN: <input type="checkbox"/>	\$30.00
Both LPN & RN: <input type="checkbox"/>	\$60.00

Fees are not refundable

The only acceptable forms of payment are **CERTIFIED CHECK, CASHIER'S CHECK,**
or **MONEY ORDER.**

Made payable to: National Council
DO NOT SEND cash, personal checks, business checks, or travelers checks.

LICENSE INFORMATION *List all licenses that you have ever held*

Jurisdiction/State	RN License Number	PN License Number
Original _____	_____	_____
Additional _____	_____	_____
Additional _____	_____	_____
Additional _____	_____	_____

States applying to: _____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$_____ in **guaranteed funds** is attached.

Mail this form to:

National Council of State Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature _____

Date _____